FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 17 AM 11:15

DOCUMENT # **K90675** **(5)**

1. Corporation Name
JACK CARROLL SEPTIC, INC.

Principal Place of Business	Mailing Address
3616 GULF BREEZ LANE PO BOX 729 PUNTA GORDA FL 33951-0729	3616 GULF BREEZ LANE PO BOX 729 PUNTA GORDA FL 33951-0729

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1989**
3a. Date of Last Report: **03/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **65-0110786** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CARROLL, JACK
3616 GULF BREEZE LANE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(New registered agent's signature required) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	CARROLL, JACK	12 NAME	
STREET ADDRESS	3616 GULF BREEZE LN	13 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	14 CITY ST ZIP	
TITLE	SDT	21 TITLE	☐ Change ☐ Addition
NAME	CARROLL, NOLA	22 NAME	
STREET ADDRESS	3616 GULF BREEZE LN	23 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	CARROLL, ALAN	32 NAME	
STREET ADDRESS	1420 E MARION AVE	33 STREET ADDRESS	
CITY ST ZIP	PUNTA GORDA FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nola Carroll — Nola Carroll — 1-12-95 — (813) 639-8386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

04452660 FP